

Berkley Insurance Company

Lawyers Professional Liability Insurance Supplemental Application

CLAIMS MADE WARNING FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Complete only those sections of the Supplemental Application that apply to the Applicant Firm
- If space provided is insufficient, include additional details on a separate attachment

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Supplemental Application is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm

Claim / Incident Supplemental Information

1. Full name of individual(s) and firm involved in the professional liability claim, suit, or circumstance which could give rise to a **Claim:**
Full name(s) of Claimant (Plaintiff):
(a) _____ (b) _____
Full name(s) of Defendant:
(a) _____ (b) _____
Additional Defendant(s):
(a) _____ (b) _____
2. Date alleged professional liability claim, suit, or circumstance occurred: _____
3. Date Claim made against an **Insured:** _____
4. Location of professional liability claim, suit, or circumstance (City, State): _____
5. Has this professional liability claim, suit, or circumstance been reported to any insurance carrier? Yes No
If "Yes", date reported to insurance company: _____
6. To which insurance company did you report this professional liability claim, suit, or circumstance?

7. Current status of professional liability claim, suit, or circumstance: Closed Open In Suit Potential
8. If professional liability claim, suit, or circumstance is Closed, provide the following:
(a) Total damages paid: \$ _____ (b) Total expenses paid (including deductible): \$ _____
(TOTAL DAMAGES PAID AND TOTAL EXPENSES PAID MUST BE PROVIDED.)
9. If professional liability claim, suit, or circumstance is Open, In Suit, or Potential, provide the following:
(a) Total damages demanded: \$ _____ (b) Total expenses paid to date: \$ _____
(PAID EXPENSE AMOUNT MUST BE PROVIDED. CONTACT YOUR AGENT, INSURANCE COMPANY, OR DEFENSE COUNSEL TO OBTAIN THE REQUIRED INFORMATION.)
10. (a) What specific causes of action are alleged in the professional liability claim, suit, or circumstance?
(Provide enough information to allow for an evaluation.)

(b) Description of events that gave rise to the professional liability claim, suit, or circumstance.

(c) Explain what actions the Applicant Firm has taken to prevent a recurrence or similar claim / incident:

Entertainment Supplemental Information

1. Entertainment Experience:

<u>Name of Each Attorney Who Performs Entertainment Work</u>	<u>Number of Years Entertainment Experience</u>	<u>Percentage of Time Devoted to Specialization</u>
_____	_____	%
_____	_____	%
_____	_____	%

2. By separate attachment, list all entertainment clients of the Applicant Firm, or any member of the firm, and specify each client's particular industry relations, (e.g., professional sports, non-professional sports, movie, television, journalism, etc.)

3. Does the Applicant Firm or any of its members have any business relationship with any entertainment client other than providing legal services? ***If "Yes", provide details.*** Yes No

4. Does the Applicant Firm or any of its members have the authority to write/sign checks for any of its entertainment clients? ***If "Yes", provide details.*** Yes No

5. Does the Applicant Firm or any of its members counsel entertainment clients regarding their assets or make investments for them? ***If "Yes", provide details.*** Yes No

6. Has anyone in the Applicant Firm ever served as the Trustee of an entertainment client? ***If "Yes", provide details.*** Yes No

7. Does the Applicant Firm or any of its members negotiate the financing or distribution of productions? ***If "Yes", provide details.*** Yes No

8. Does the Applicant Firm, or any of its members, negotiate client's personal appearances? ***If "Yes", provide details.*** Yes No

9. Does the Applicant Firm, any of its members, or any related or controlled entity serve as an Artist's Manager or as a Talent Agent? ***If "Yes", provide details.*** Yes No

10. Describe the services performed for entertainment clients:

Securities / SEC Supplemental Information

➤ Complete the attached matrix to list all offerings in which the Applicant Firm was involved for the last 3 years.

1. SEC/State Securities Experience

<u>Name of Each Attorney Who Performs SEC/State Securities Work</u>	<u>Number of Years SEC/State Securities Experience</u>	<u>Percentage of Time Devoted to Specialization</u>
_____	_____	%
_____	_____	%
_____	_____	%

2. Capacity:

	<u>Acted In Such Capacity in Past 5 Years?</u>	<u>Current Year Allocation</u>
A. Bond Counsel	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
B. Private Placement of Securities:		
1. as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
2. as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
3. as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
C. Public Offerings of Securities:		
1. Securities registered under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
(a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
(b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
2. Offerings exempt from registration under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
(a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
(b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
(c) as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
D. Representing clients as to compliance with proxy requirements (other than in mergers) and reporting requirements under Securities Exchange Act of 1934	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
E. Takeovers and other acquisitions of publicly held companies (including role as special local counsel)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
1. Where client was bidder or acquiring company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
2. Where client was bidder or acquiring company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
3. Where client was target company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
4. Where client was target company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
F. Securities (judicial or administrative)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
G. Other: (identify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	%

THIS CURRENT YEAR ALLOCATION MUST MATCH THE PERCENTAGE LISTED IN THE AREA OF PRACTICE SECTION OF THE APPLICATION.

TOTAL: _____ %

3. What steps does the Applicant Firm take to satisfy "due diligence" requirements under Federal and State Securities Acts?

4. Has the Applicant Firm (including any predecessor firms), and/or its present partners, or any former partners, or any of its predecessor firms, been subject to any disciplinary proceeding before the SEC or State Securities authorities within the past 10 years? ***If "Yes", provide details.*** Yes No

5. Is the Applicant Firm representing any client in any litigation in which the issues involve any Federal or State Securities work handled by the Applicant Firm (including the adequacy of registration statements, official statements, proxy statements, or tender offer documents)? ***If "Yes", provide details.*** Yes No

6. Do any partners of the Applicant Firm serve as directors or officers of corporations that are its clients and which have publicly held securities outstanding? ***If "Yes", provide details.*** Yes No

7. For all lawyers involved in SEC and/or State Securities practice, provide the name(s), qualifications, and where obtained.

Securities / SEC Matrix

➤ List all offerings in which the Applicant Firm was involved for the last 3 years.

TOTAL NUMBER OF OFFERINGS: _____

TOTAL AGGREGATE DOLLAR AMOUNT: \$ _____

- | | | |
|------------------------------|--|--|
| (1) If pending, indicate "P" | (3) Describe client: | (4) Indicate if any lawyer serves as an Officer, Director, or General Partner of the Issuer. |
| (2) "F" = Federal; | "I" = Issuer; | (5) Indicate if any lawyer invested in the client's security. |
| "S" = State; | "U" = Underwriter or Selling Agent; | |
| "P" = Private Placement; | "O" = Other (explain "Other" by separate attachment) | |
| "B" = Bond | | |

(1)	(2)	(3)	(4)	(5)				
Date of Offering	Type of Security	Type of Business	Number of Months in Business	Applicant Firm's Client	Maximum Aggregate Offering Price	Price Per Share	Client Association	Personal Investments
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intellectual Property Information

1. Intellectual Property Experience:
- | <u>Attorney Name</u> | <u># Years Intellectual Property Experience</u> | <u>% Time Devoted to Specialization</u> |
|----------------------|---|---|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
2. Of the percentage of Intellectual Property work listed in the Area of Practice section of the Proposal Form, what portion is derived from the following:
- | | |
|--|---------|
| (a) Intellectual Property Litigation | _____ % |
| (b) Patent Infringement Counseling | _____ % |
| (c) Domestic Patent Prosecution | _____ % |
| (d) Foreign Patent Prosecution | _____ % |
| (e) Trademark Registration / Licensing | _____ % |
| (f) Copyright Registration / Licensing | _____ % |
| (g) Patent Searches | _____ % |
| THIS TOTAL MUST MATCH THE PERCENTAGE OF INTELLECTUAL PROPERTY LISTED IN THE AREA OF PRACTICE SECTION OF THE PROPOSAL FORM | |
| TOTAL: | _____ % |
3. Does the Applicant Firm maintain a planned docket control system and procedure with at least 2 independent date controls? Yes No
4. Does the planned docket control system(s) and the procedure require lawyers to both calendar and remove from the calendar all filing dates? Yes No
5. Does the Applicant Firm refer or share cases with any other individual, of counsel, partnership, firm, or organization? Yes No
- (a) Does the Applicant Firm require the entity(ies) to carry Professional Liability Insurance? Yes No
- (b) Does the Applicant Firm require proof of insurance, such as a certificate of insurance from the entity(ies)? Yes No
6. Does the Applicant Firm's planned docket system include dates for:
- (a) Copyright renewal filings? Yes No
- (b) Responses to an Office Action? Yes No
- (c) Infringement action filing? Yes No
7. What is the Applicant Firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client? _____
8. Does the Applicant Firm have a procedure requiring documentation of all transfers of copyright ownership? Yes No
If "Yes", is this in writing? Yes No
9. Indicate the percentage of the types of patent opinions rendered by the Applicant Firm:
- | | |
|-------------------|---------|
| (a) Infringement | _____ % |
| (b) Patentability | _____ % |
| (c) Validity | _____ % |
10. Does the Applicant Firm disclose to the client, the scope and extent of search conducted which is the basis for the opinion? Yes No
If "Yes", is this in writing? Yes No
11. Does the Applicant firm guarantee patent searches rendered by the firm? Yes No
12. Does the Applicant Firm require disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to filing of a patent application? Yes No
If "Yes", is this in writing? Yes No
13. Does the Applicant Firm require the client's intent to pursue or not to pursue a foreign patent application? Yes No
If "Yes", is this in writing? Yes No

14. Does the Applicant Firm require the client's disclosure of patent applications filed in foreign countries? Yes No
 If "Yes", is this in writing? Yes No
15. Does the Applicant Firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for US Patents? Yes No
16. Does the Applicant Firm disclose to clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force? Yes No
 If "Yes", is this in writing? Yes No
17. Does the Applicant Firm outsource maintenance fees, annual payments or annuity payments to keep an application or patent in force? Yes No
18. Does the Applicant Firm advise the client to mark the patented product with the appropriate patent number? Yes No
 If "Yes", is this in writing? Yes No
19. Does the Applicant Firm disclose to the client, the patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995? Yes No
 If "Yes", is this in writing? Yes No
20. Does the Applicant Firm's planned docket system include dates for:
- (a) Responses to all PTO actions? Yes No
 - (b) Declaration of use after registration? Yes No
 - (c) Statement of incontestability after registration? Yes No
 - (d) Renewal of Trademark? Yes No
21. Does the Applicant Firm:
- (a) Perform a search of PTO records for trademarks? Yes No
 - (b) Search common law sources for existing trademarks? Yes No
 - (c) Refer responsibility for the trademark searches to other law firms? Yes No
22. Does the Applicant Firm advise clients that the trademark search is not guaranteed against all common law sources? Yes No
 If "Yes", is this in writing? Yes No
23. Does the Applicant Firm have a procedure requiring all transfers of trademark ownership to be fully documented? Yes No
 If "Yes", is this in writing? Yes No
24. Does the Applicant Firm have a procedure requiring all trademark assignments to be recorded with the PTO? Yes No
 If "Yes", is this in writing? Yes No
25. Does the Applicant Firm advise clients of the use of proper trademark notice? Yes No
 If "Yes", is this in writing? Yes No

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations and any misrepresentation by the **Insured** or the **Insured's** agent that is material to the acceptance of the risk will render the Policy null and void and relieve the **Insurer** from all liability herein;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated	Signature of Owner, Partner, Officer or Principal
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Title	Owner, Partner, Officer or Principal (Print Name)
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This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Please submit this Application including appropriate documentation to:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, PO Box 10302, Des Moines, IA 50306-0307

Phone: 800-435-7904; Fax: 515-365-0681; E-mail: LH.Admin@mercer.com

Producer Information

Submitted by (Agency Name)	Dated
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Agent's Name (Individual's Name)	Agent's License Number
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NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO APPLICANTS OF OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.